

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10588164</b>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓				51						
2		✓		✓			52						
3		✓		✓			53						
4		✓		✓			54						
5		✓		✓			55						
6		✓		✓			56						
7		✓		✓			57						
8		✓		✓			58						
9		✓		✓			59						
10		✓		✓			60						
11		✓		✓			61						
12		✓		✓			62						
13		✓		✓			63						
14		✓		✓			64						
15		✓		✓			65						
16		✓		✓			66						
17		✓		✓			67						
18	✓		✓				68						
19		✓		✓			69						
20	✓		✓				70						
21		✓		✓			71						
22		✓		✓			72						
23		✓		✓			73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
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32							82						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	22	←	20	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	25		23				TOTAL CLAIMS						